

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Wenda C. Carlyle, Sheila J.
Kelly and Matthew F. Ogle

Filed : Herewith

For : PROSTHESES WITH ASSOCIATED
GROWTH FACTORS

Docket No.: S16.12-0052

TRANSMITTAL LETTER

"Express Mail" mailing label number: EL024161550US
Date of Deposit: November 5, 1998

The following paper(s) and/or fee(s) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" addressed to BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231:

1. Our checks in the amount of \$944.00 and \$40.00
2. Fee Calculation Sheet (in duplicate)
3. Patent Application comprising the following pages:
 - 1 Abstract
 - 39 Specification
 - 3 Claims
4. 7 Sheets of drawings
5. Executed Declaration and Power of Attorney (3 pages)
6. Executed Assignment and Recordation Form Cover Sheet

Under 37 CFR § 1.136(a)(3), Applicants hereby authorize for any future reply the implicit incorporation of any required petition for extension of time for the appropriate length of time and authorize the charging of fees under § 1.17 to deposit account 23-1123.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By:

Peter S. Dardi
Peter S. Dardi, Reg. No. 39,650
Suite 1600 - International Centre
900 Second Avenue South
Minneapolis, Minnesota 55402-3319
Phone: (612) 334-3222
Fax: (612) 334-3312

FEE CALCULATION SHEET

Attorney Docket No.

s16.12-0052

Sir:

Express Mail No. EL024161550US
Date of Deposit: November 5, 1998

The fees due for filing in the patent application of:

Inventor(s) : Wenda C. Carlyle et al.

Title : PROSTHESES WITH ASSOCIATED GROWTH FACTORS

Are calculated as follows:

— Reduced fees are applicable based on the enclosed Verified Statement claiming Small Entity status.

(Col. 1)		(Col. 2)	Small Entity		OR	Large Entity	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE			=	\$395		=	\$790
TOTAL CLAIMS	27 - 20 =	* 7	X 11 =	\$0		X 22 =	\$154
INDEP CLAIMS	2 - 3 =	* 0	X 41 =	\$0		X 82 =	\$0
— MULTIPLE DEPENDENT CLAIM PRESENTED			+ 135 =	\$0		+ 270 =	\$0
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$0		TOTAL	\$944

Please charge Deposit Account No. 23-1123 in the amount of \$_____. This sheet is submitted in triplicate.

A check in the amount of \$944.00 to cover the filing fee is enclosed.

The Commissioner is authorized to charge payment of any patent application processing or filing fees under 37 CFR §§ 1.16 and 1.17 or credit any overpayment to Deposit Account No. 23-1123. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By:

Peter S. Dardi

Peter S. Dardi, Reg. No. 39,650
Suite 1600 - International Centre
900 Second Avenue South
Minneapolis, Minnesota 55402-3319
Phone: (612) 334-3222 Fax: (612) 334-3312

PSD:gll